

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. _____		FILING DATE _____				
							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
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22	/						72						
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26	/	/					76						
27	/	/					77						
28	/	/					78						
29	/	/					79						
30	/	/					80						
31	/	/					81						
32	/	/					82						
33	/	/					83						
34	/	/					84						
35	/	/					85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	32						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						